

# Wickliffe Mounds State Historic Site

94 Green Street—PO Box 155—Wickliffe KY 42087 • 270-335-3681 • car-



## WHAT: DAY CAMP FOR AGES 9-11

An exciting and educational summer day camp will provide children a hands-on learning experience about Mississippian Native American culture and Archaeology. The day camp will have interactive activities such as guided tours, making clay pots, a day in the life of a Mississippian, experiencing a mock archaeological dig and replica artifact analysis, playing Native American games and demonstrations of primitive technology at a kid's level.

## WHEN: 9:00 AM TO 3:00 PM - FRIDAYS

- Camp Session I: **June 23, 2017** • Camp Session III: **July 7, 2017**
- Camp Session II: **June 30, 2017** • Camp Session IV: **July 14, 2017**

**COST:** • \$25 per child per camp. \$20 for multiple camps per child. Payments must be received prior to camp session to reserve your spot.

## DETAILS:

- Children need to bring a sack lunch and one snack each day. Dress for outdoor weather
- Each camp is overseen by park staff
- Drop off beginning 8:45 a.m. and pick up no later than 3:30 p.m.
- Each child receives a gift bag, certificate and family season pass to Wickliffe Mounds

## REGISTRATION:

- Call Wickliffe Mounds at 270-335-3681 • Mail registration form to the Park  
Email [carla.hildebrand@ky.gov](mailto:carla.hildebrand@ky.gov)
- Limited to 10 children per session, so sign up early to reserve your spot

## Kids Day Camps: Archaeology



## Registration Form—KIDS DAY CAMPS at Wickliffe Mounds State Historic Site

Please check:

\_\_\_\_\_ Camp I — June 23, 2017      \_\_\_\_\_ Camp III — July 7, 2017  
\_\_\_\_\_ Camp II — June 30, 2017      \_\_\_\_\_ Camp IV — July 14, 2017

Make checks payable to: *Wickliffe Mounds State Park*

**\$25 PER CHILD PER CAMP**

**\$20 PER CHILD FOR MULTIPLE CAMPS**

Child's Name \_\_\_\_\_ Child's age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email addresses \_\_\_\_\_

Emergency Contacts: Please provide two contacts with name and phone

Name and Phone \_\_\_\_\_

Name and Phone \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_

Is your child on medication? \_\_\_\_\_

Payment Method: \_\_\_\_\_ Cash (pay in person) \_\_\_\_\_ Check \_\_\_\_\_ Credit Card (call park for credit card payments)